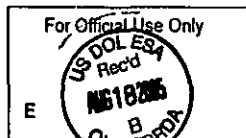


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



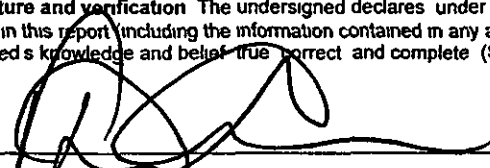
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 9712	2 Fiscal Year Covered From 01 / 01 / 04 Through 12 / 31 / 04
3 Name and address of person filing Name Timothy F Gericke P O Box Bldg Room No if any Street 1507 Cynthia Court City Schererville State IN ZIP Code + 4 46375	4 Name file number and address of labor organization Name Boilermakers Local #374 Labor Organization File Number 003-125 P O Box Building and Room Number if any Street 6333 Kennedy Ave City Hammond State IN ZIP Code + 4 46323
5 Position in labor organization Assistant Business Manager	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest Transaction or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)		
Signed 	On 8-11-05 Date	219-845-1000 Telephone Number

